

Fill in this information to identify your case:

Debtor 1 Mark J Ter Haar

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number 2:13-bk-56520
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

		Debtor 1	Debtor 2 or non-filing spouse
<p>1. Fill in your employment information.</p> <p>If you have more than one job, attach a separate page with information about additional employers.</p> <p>Include part-time, seasonal, or self-employed work.</p> <p>Occupation may include student or homemaker, if it applies.</p>	Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
	Occupation	<u>Sales</u>	
	Employer's name	<u>Cellco Partnership</u>	
	Employer's address	<u>One Verizon Way</u> <u>Basking Ridge, NJ 07920</u>	
	How long employed there?	<u>1 year</u>	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>3,927.90</u>	\$ <u>N/A</u>
3. Estimate and list monthly overtime pay.	+\$ <u>0.00</u>	+\$ <u>N/A</u>
4. Calculate gross income. Add line 2 + line 3.	\$ <u>3,927.90</u>	\$ <u>N/A</u>

Debtor 1 **Mark J Ter Haar**

Case number (if known) **2:13-bk-56520**

		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4.	\$ 3,927.90	N/A
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a.	\$ 978.92	N/A
5b. Mandatory contributions for retirement plans	5b.	\$ 0.00	N/A
5c. Voluntary contributions for retirement plans	5c.	\$ 0.00	N/A
5d. Required repayments of retirement fund loans	5d.	\$ 0.00	N/A
5e. Insurance	5e.	\$ 106.38	N/A
5f. Domestic support obligations	5f.	\$ 0.00	N/A
5g. Union dues	5g.	\$ 0.00	N/A
5h. Other deductions. Specify: 401K Contribution (4%)	5h.+	\$ 219.16	N/A
HSA Contribution		\$ 92.30	N/A
Life insurance		\$ 5.00	N/A
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ 1,401.76	N/A
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ 2,526.14	N/A
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$ 0.00	N/A
8b. Interest and dividends	8b.	\$ 0.00	N/A
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$ 0.00	N/A
8d. Unemployment compensation	8d.	\$ 0.00	N/A
8e. Social Security	8e.	\$ 0.00	N/A
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$ 0.00	N/A
8g. Pension or retirement income	8g.	\$ 0.00	N/A
8h. Other monthly income. Specify: Roommate rent/utilities	8h.+	\$ 650.00	N/A
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$ 650.00	N/A
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$ 3,176.14	+ \$ N/A = \$ 3,176.14
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:			
	11.	+\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12.	\$ 3,176.14	
Combined monthly income			
13. Do you expect an increase or decrease within the year after you file this form?			
<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: Debtor is paid bi-weekly and also receives a monthly commissions check. Income listed is an average of the past 60 days income for both hourly and commissions received. No anticipated changes.			

Celco Partnership
One Verizon Way
Basking Ridge NJ 07920
1-800-932-7947

Pay Group:	MWN-Midwest Area Non-Timesh	Advice #:	30327234
Pay Begin Date:	08/27/2017	Advice Date:	09/08/2017
Pay End Date:	09/09/2017	- On-Line Check -	

Mark Ter Haar 437 E Lincoln Ave Columbus OH 43214	Employee ID:	2551264	TAX DATA:		Federal	OH State
	Mail Drop:	H00000000	Marital Status:	Single	N/A	
	Location:		Allowances:	0	0	
	Cycle Rate:	N/A	Addl. Pct.:	0	0	
			Addl. Amt.:	0	0	

HOURS AND EARNINGS						TAXES				
Description	Rate	Current Hours	Earnings	Hours	YTD Earnings	Description	Current	Tax Gross Cur	YTD	Tax Gross YTD
CURRENT PAY PERIOD:						Fed Withholding	140.21	1,142.74	6,460.89	37,428.77
08/27/2017-09/09/2017						Fed MED/EE	17.71	1,221.33	578.83	39,919.46
Regular Pay	15.176923	72.00	1,092.74	1,304.73	19,586.39	Fed OASDI/EE	75.73	1,221.33	2,475.01	39,919.46
OT Paid @ 1.5 Times	22.765385	0.87	19.81	100.53	2,229.08	OH Withholding	25.31	1,142.74	1,037.12	37,428.77
35% Sunday Shift Diff	5.311923	7.28	38.67	173.78	910.75	OH COLUMBUS	6.10	1,221.33	199.60	39,919.46
Vacation - Full Time	15.176923	8.00	121.42	88.00	1,335.59	Withholding				
PRIOR PAY PERIOD:						OH HILLIARD	24.43	1,221.33	798.38	39,919.46
08/20/2017-08/26/2017						Withholding				
Regular Pay	15.176923	-8.00	-121.42							
OT Paid @ 1.5 Times	22.765385	1.63	37.11							
Vacation - Full Time	15.176923	8.00	121.42							
YTD HISTORY:										
Commissions					15,892.07					
FLSA True Up					764.23					
Holiday Premium @ 0.5 Times				8.00	49.06					
Holiday Premium @ 1.5 Times				0.98	18.03					
Holiday - Full Time				16.00	215.42					
Holiday - Full Time				16.00	242.84					
Illness Paid Leave				7.00	102.64					
OT Paid @ 1.0 Times				1.50	22.00					
OT Paid @ 2.0 Times				0.88	21.58					
Pers Day - Full Time				8.00	121.42					
Total:			1,309.75		41,511.10	Total:	289.49		11,549.83	
BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS				
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD		
Basic Savings Plan	78.59	2,490.69	Employee Supl Life	2.50	45.00	Imputed Income-LTD*	10.92	196.56		
Health Care Spending Acct	46.15	830.78								
Before-Tax Medical	45.50	819.00								
Before-Tax Dental	7.69	138.42								
Total:	177.93	4,278.89	Total:	2.50	45.00	*Taxable				
TOTAL GROSS			FED TAXABLE GROSS			TOTAL TAXES			NET PAY	
Current:	1,309.75		1,142.74			289.49	180.43		839.83	
YTD:	41,511.10		37,428.77			11,549.83	4,323.89		25,637.38	
NET PAY DISTRIBUTION										
Checking Acct#							XXXXXX2377		839.83	
Total:									839.83	

MESSAGE:
Regular Pay: 08/27/17-09/09/17. Exception Pay: 08/20/17-09/02/17.

Cellco Partnership

One Verizon Way
Basking Ridge NJ 07920
1-800-932-7947

Pay Group:	MWN-Midwest Area Non-Timesh	Advice #:	30401244
Pay Begin Date:	09/10/2017	Advice Date:	09/22/2017
Pay End Date:	09/23/2017	- On-Line Check -	

Mark Ter Haar 437 E Lincoln Ave Columbus OH 43214	Employee ID:	2551264	TAX DATA:		Federal	OH	State
	Mail Drop:	H00000000	Marital Status:	Single			N/A
	Location:		Allowances:		0	0	
	Cycle Rate:	N/A	Addl Pct.:		0	0	
			Addl Amt.:		0	0	

HOURS AND EARNINGS						TAXES				
Description	Rate	Current Hours	Earnings	Hours	YTD Earnings	Description	Current	Tax Gross Cur	YTD	Tax Gross YTD
CURRENT PAY PERIOD:						Fed Withholding	149.50	1,204.66	6,610.51	38,633.91
09/10/2017-09/23/2017						Fed MED/EE	18.65	1,285.97	597.49	41,205.94
Regular Pay	15.176923	80.00	1,214.16	1,360.73	20,436.29	Fed OASDI/EE	79.73	1,285.97	2,554.77	41,205.94
Sunday Worked Premium - 35%	5.311923	3.62	19.23	3.62	19.23	OH Withholding	27.37	1,204.66	1,064.51	38,633.91
PRIOR PAY PERIOD:						OH COLUMBUS	6.43	1,285.97	206.03	41,205.94
09/03/2017-09/09/2017						Withholding				
Regular Pay	15.177500	-24.00	-364.26			OH HILLIARD	25.72	1,285.97	824.11	41,205.94
OT Paid @ 1.5 Times	22.765385	0.86	19.58	101.39	2,248.66	Withholding				
Holiday - Full Time	15.176923	8.00	121.42	24.00	364.26					
Illness Paid Leave	15.176923	8.00	121.42	15.00	224.06					
OT Paid @ 1.0 Times	15.176923	8.00	121.42	9.50	143.42					
Vacation - Full Time	15.176923	8.00	121.42	96.00	1,457.01					
YTD HISTORY:										
Commissions					15,892.07					
FLSA True Up					764.74					
Holiday Premium @ 0.5 Times				8.00	49.06					
Holiday Premium @ 1.5 Times				0.98	18.03					
Holiday - Full Time				16.00	215.42					
35% Sunday Shift Diff				173.78	910.75					
OT Paid @ 2.0 Times				0.88	21.58					
Pers Day - Full Time				8.00	121.42					
Total:			1,374.39		42,886.00	Total:	307.40		11,857.42	
BEFORE-TAX DEDUCTIONS:			AFTER-TAX DEDUCTIONS:			EMPLOYER PAID BENEFITS				
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD		
Basic Savings Plan	78.31	2,572.03	Employee Supl Life	2.50	47.50	Imputed Income-LTD*	10.92	207.48		
Health Care Spending Acct	46.15	876.93								
Before-Tax Medical	45.50	864.50								
Before-Tax Dental	7.69	146.11								
Total:	180.65	4,459.57	Total:	2.50	47.50	*Taxable				
TOTAL GROSS		FED TAXABLE GROSS	TOTAL TAXES		TOTAL DEDUCTIONS	NET PAY				
Current:	1,374.39	1,204.66		307.40	183.15		883.84			
YTD:	42,886.00	38,633.91		11,857.42	4,507.07		26,521.51			
NET PAY DISTRIBUTION										
Checking Acct#							XXXXXX2377		883.84	
Total:									883.84	

MESSAGE:

Regular Pay: 09/10/17-09/23/17, Exception Pay: 09/03/17-09/16/17.

Celco Partnership
One Verizon Way
Basking Ridge NJ 07920
1-800-932-7947

Pay Group:	MWN-Midwest Area Non-Timesh	Advice #:	30439850
Pay Begin Date:	09/27/2017	Advice Date:	09/29/2017
Pay End Date:	09/27/2017	- On-Line Check -	

Mark Ter Haar 437 E Lincoln Ave Columbus OH 43214	Employee ID:	2551264	TAX DATA:		Federal	OH State
	Mail Drop:	H00000000	Marital Status:	Single	N/A	
	Location:		Allowances:	0	0	
	Cycle Rate:	N/A	Addl. Pct.:	0	0	
			Addl. Amr.:	0	0	

HOURS AND EARNINGS						TAXES				
Description	Rate	Current Hours	Earnings	Hours	YTD Earnings	Description	Current	Tax Gross Cur	YTD	Tax Gross YTD
PRIOR PAY PERIOD:						Fed Withholding	187.08	748.33	6,797.59	39,382.24
08/27/2017-09/02/2017						Fed MED/EE	11.54	796.10	609.03	42,002.04
FLSA True Up			1.67		779.56	Fed OASDI/EE	49.36	796.10	2,604.13	42,002.04
08/01/2017-08/31/2017						OH Withholding	26.19	748.33	1,090.70	39,382.24
Commissions			781.28		16,673.35	OH COLUMBUS	3.98	796.10	210.01	42,002.04
08/20/2017-08/26/2017						Withholding				
FLSA True Up			4.28			OH HILLIARD	15.92	796.10	840.03	42,002.04
08/06/2017-08/12/2017						Withholding				
FLSA True Up			3.43							
07/30/2017-08/05/2017										
FLSA True Up			5.44							
YTD HISTORY:										
Regular Pay				1,360.73	20,436.29					
OT Paid @ 1.5 Times				101.39	2,248.66					
Holiday Premium @ 0.5 Times				8.00	49.06					
Holiday Premium @ 1.5 Times				0.98	18.03					
Holiday - Full Time				16.00	215.42					
Holiday - Full Time				24.00	364.26					
Illness Paid Leave				15.00	224.06					
35% Sunday Shift Diff				173.78	910.75					
OT Paid @ 1.0 Times				9.50	143.42					
OT Paid @ 2.0 Times				0.88	21.58					
Pers Day - Full Time				8.00	121.42					
Sunday Worked Premium - 35%				3.62	19.23					
Vacation - Full Time				96.00	1,457.01					
Total:			796.10		43,682.10	Total:	294.07		12,151.49	
BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS				
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD		
Basic Savings Plan	47.77	2,619.80	Employee Supl Life	47.50		Imputed Income-LTD*		207.48		
Health Care Spending Acct		876.93								
Before-Tax Medical		864.50								
Before-Tax Dental		146.11								
Total:	47.77	4,507.34	Total:	47.50		*Taxable				
TOTAL GROSS			FED TAXABLE GROSS			TOTAL TAXES			TOTAL DEDUCTIONS	
Current:	796.10			748.33			294.07		47.77	454.26
YTD:	43,682.10			39,382.24			12,151.49		4,554.84	26,975.77
NET PAY DISTRIBUTION										
Checking Acct#							XXXXXX2377		454.26	
Total:									454.26	

MESSAGE:
Payroll adj including commission and STD through the 09/27/17 pay end date.

Cellco Partnership
One Verizon Way
Basking Ridge NJ 07920
1-800-932-7947

Pay Group:	MWN-Midwest Area Non-Timesh	Advice #:	30577031
Pay Begin Date:	10/25/2017	Advice Date:	10/27/2017
Pay End Date:	10/25/2017	- On-Line Check -	

Mark Ter Haar 437 E Lincoln Ave Columbus OH 43214	Employee ID:	2551264	TAX DATA:		Federal	OH State
	Mail Drop:	H00000000	Marital Status:	Single	N/A	
	Location:		Allowances:	0	0	
	Cycle Rate:	N/A	Addl. Pct.:	0	0	
			Addl. Amt.:	0	0	

HOURS AND EARNINGS						TAXES				
Description	Rate	Current Hours	Earnings	Hours	YTD Earnings	Description	Current	Tax Gross Cur	YTD	Tax Gross YTD
PRIOR PAY PERIOD:						Fed Withholding	311.83	1,247.30	7,388.98	42,909.32
09/24/2017-09/30/2017						Fed MED/EE	19.24	1,326.91	663.52	45,759.76
FLSA True Up			12.81		805.94	Fed OASDI/EE	82.27	1,326.91	2,837.11	45,759.76
Commissions			1,300.53		17,973.88	OH Withholding	43.66	1,247.30	1,184.78	42,909.32
09/17/2017-09/23/2017						OH COLUMBUS	6.63	1,326.91	228.79	45,759.76
FLSA True Up			6.12			Withholding				
09/10/2017-09/16/2017						OH HILLIARD	26.54	1,326.91	915.19	45,759.76
FLSA True Up			1.05			Withholding				
09/03/2017-09/09/2017										
FLSA True Up			5.25							
08/27/2017-09/02/2017										
FLSA True Up			1.15							
YTD HISTORY:										
Regular Pay				1,511.21	22,720.12					
OT PAID @ 1.5				4.91	111.78					
OT Paid @ 1.5 Times				101.39	2,248.66					
Holiday Premium @ 0.5 Times				8.00	49.06					
Holiday Premium @ 1.5 Times				0.98	18.03					
Holiday - Full Time				16.00	215.42					
Holiday - Full Time				24.00	364.26					
Illness Paid Leave				15.00	224.06					
35% Sunday Shift Diff				173.78	910.75					
OT Paid @ 1.0 Times				9.50	143.42					
OT Paid @ 2.0 Times				0.88	21.58					
Personal Leave				8.00	121.42					
Pers Day - Full Time				8.00	121.42					
Sunday Worked Premium - 35%				20.68	109.85					
Vacation - Full Time				96.00	1,457.01					
Total:			1,326.91		47,616.66	Total:	490.17		13,218.37	
BEFORE-TAX DEDUCTIONS						AFTER-TAX DEDUCTIONS				
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD	Description	YTD
Basic Savings Plan	79.61	2,850.44	Employee Supl Life	52.50		Imputed Income-LTD*				229.32
Health Care Spending Acct		969.23								
Before-Tax Medical		955.50								
Before-Tax Dental		161.49								
Total:	79.61	4,936.66	Total:	52.50		*Taxable				
TOTAL GROSS			FED TAXABLE GROSS			TOTAL TAXES			TOTAL DEDUCTIONS	
Current:	1,326.91			1,247.30			490.17		79.61	757.13
YTD:	47,616.66			42,909.32			13,218.37		4,989.16	29,409.13
NET PAY DISTRIBUTION										
Checking Acct# XXXXXX2377									757.13	
Total:									757.13	

MESSAGE:
Payroll adj including commission and STD through the 10/25/17 pay end date.

Cellco Partnership
One Verizon Way
Basking Ridge NJ 07920
1-800-932-7947

Pay Group:	MWN-Midwest Area Non-Timesh	Advice #:	30476468
Pay Begin Date:	09/24/2017	Advice Date:	10/06/2017
Pay End Date:	10/07/2017	- On-Line Check -	

Mark Ter Haar 437 E Lincoln Ave Columbus OH 43214	Employee ID:	2551264	TAX DATA:		Federal	OH State
	Mail Drop:	H00000000	Marital Status:	Single	N/A	
	Location:		Allowances:	0	0	
	Cycle Rate:	N/A	Addl. Pct.:	0	0	
			Addl. Amt.:	0	0	

HOURS AND EARNINGS						TAXES				
Description	Rate	Current Hours	Earnings	Hours	YTD Earnings	Description	Current	Tax Gross Cur	YTD	Tax Gross YTD
CURRENT PAY PERIOD:						Fed Withholding	145.08	1,175.22	6,942.67	40,557.46
09/24/2017-10/07/2017						Fed MED/EE	18.19	1,254.78	627.22	43,256.82
Regular Pay	15.176923	72.00	1,092.74	1,432.73	21,529.03	Fed OASD/EE	77.79	1,254.78	2,681.92	43,256.82
OT PAID @ 1.5	22.765385	2.95	67.16	4.91	111.78	OH Withholding	26.39	1,175.22	1,117.09	40,557.46
Personal Leave	15.176923	8.00	121.42	8.00	121.42	OH COLUMBUS	6.27	1,254.78	216.28	43,256.82
PRIOR PAY PERIOD:						Withholding				
09/17/2017-09/23/2017						OH HILLIARD	25.10	1,254.78	865.13	43,256.82
OT PAID @ 1.5	22.765385	1.68	38.25			Withholding				
09/10/2017-09/16/2017										
OT PAID @ 1.5	22.765385	0.28	6.37							
Sunday Worked Premium - 35%	5.311923	3.25	17.26	6.87	36.49					
YTD HISTORY:										
OT Paid @ 1.5 Times				101.39	2,248.66					
Commissions					16,673.35					
FLSA Time Up					779.56					
Holiday Premium @ 0.5 Times				8.00	49.06					
Holiday Premium @ 1.5 Times				0.98	18.03					
Holiday - Full Time				16.00	215.42					
Holiday - Full Time				24.00	364.26					
Illness Paid Leave				15.00	224.06					
35% Sunday Shift Diff				173.78	910.75					
OT Paid @ 1.0 Times				9.50	143.42					
OT Paid @ 2.0 Times				0.88	21.58					
Pers Day - Full Time				8.00	121.42					
Vacation - Full Time				96.00	1,457.01					
Total:			1,343.20		45,025.30	Total:	298.82		12,450.31	
BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS				
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD		
Basic Savings Plan	79.56	2,699.36	Employee Supl Life	2.50	50.00	Imputed Income-LTD*	10.92	218.40		
Health Care Spending Acct	46.15	923.08								
Before-Tax Medical	45.50	910.00								
Before-Tax Dental	7.69	153.80								
Total:	178.90	4,686.24	Total:	2.50	50.00	*Taxable				
TOTAL GROSS			FED TAXABLE GROSS			TOTAL TAXES			TOTAL DEDUCTIONS	
Current:	1,343.20			1,175.22			298.82		181.40	862.98
YTD:	45,025.30			40,557.46			12,450.31		4,736.24	27,838.75
NET PAY DISTRIBUTION										
Checking Acct#							XXXXXX2377		862.98	
Total:									862.98	

MESSAGE:
Regular Pay: 09/24/17-10/07/17. Exception Pay: 09/17/17-09/30/17.

Cellco Partnership
One Verizon Way
Basking Ridge NJ 07920
1-800-932-7947

Pay Group:	MWN-Midwest Area Non-Timesh	Advice #:	30537884
Pay Begin Date:	10/08/2017	Advice Date:	10/20/2017
Pay End Date:	10/21/2017	- On-Line Check -	

Mark Ter Haar 437 E Lincoln Ave Columbus OH 43214	Employee ID:	2551264	TAX DATA:		Federal	OH State
	Mail Drop:	H00000000	Marital Status:	Single	N/A	
	Location:		Allowances:	0	0	
	Cycle Rate:	N/A	Addl. Pct.:	0	0	
			Addl. Amt.:	0	0	

HOURS AND EARNINGS						TAXES				
Description	Rate	Current Hours	Earnings	Hours	YTD Earnings	Description	Current	Tax Gross Cur	YTD	Tax Gross YTD
CURRENT PAY PERIOD:						Fed Withholding	134.48	1,104.56	7,077.15	41,662.02
10/08/2017-10/21/2017						Fed MED/EE	17.06	1,176.03	644.28	44,432.85
Regular Pay	15.176923	78.61	1,193.06	1,511.21	22,720.12	Fed OASDI/EE	72.92	1,176.03	2,754.84	44,432.85
Sunday Worked Premium - 35%	5.311923	6.32	33.57	20.68	109.85	OH Withholding	24.03	1,104.56	1,141.12	41,662.02
PRIOR PAY PERIOD:						OH COLUMBUS	5.88	1,176.03	222.16	44,432.85
10/01/2017-10/07/2017						Withholding				
Regular Pay	15.176923	-0.13	-1.97			OH HILLIARD	23.52	1,176.03	888.65	44,432.85
Sunday Worked Premium - 35%	5.311923	7.49	39.79			Withholding				
YTD HISTORY:										
OT PAID @ 1.5				4.91	111.78					
OT Paid @ 1.5 Times				101.39	2,248.66					
Commissions					16,673.35					
FLSA True Up					779.56					
Holiday Premium @ 0.5 Times				8.00	49.06					
Holiday Premium @ 1.5 Times				0.98	18.03					
Holiday - Full Time				16.00	215.42					
Holiday - Full Time				24.00	364.26					
Illness Paid Leave				15.00	224.06					
35% Sunday Shift Diff				173.78	910.75					
OT Paid @ 1.0 Times				9.50	143.42					
OT Paid @ 2.0 Times				0.88	21.58					
Personal Leave				8.00	121.42					
Pers Day - Full Time				8.00	121.42					
Vacation - Full Time				96.00	1,457.01					
Total:			1,264.45		46,289.75	Total:	277.89		12,728.20	
BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS				
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD		
Basic Savings Plan	71.47	2,770.83	Employee Supl Life	2.50	52.50	Imputed Income-LTD*	10.92	229.32		
Health Care Spending Acct	46.15	969.23								
Before-Tax Medical	45.50	955.50								
Before-Tax Dental	7.69	161.49								
Total:	170.81	4,857.05	Total:	2.50	52.50	*Taxable				
TOTAL GROSS		FED TAXABLE GROSS		TOTAL TAXES		TOTAL DEDUCTIONS		NET PAY		
Current:	1,264.45		1,104.56		277.89		173.31		813.25	
YTD:	46,289.75		41,662.02		12,728.20		4,909.53		28,652.00	
NET PAY DISTRIBUTION										
Checking Acct#							XXXXXX2377		813.25	
Total:									813.25	

MESSAGE:
Regular Pay: 10/08/17-10/21/17. Exception Pay: 10/01/17-10/14/17.

Fill in this information to identify your case:

Debtor 1 Mark J Ter Haar

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number 2:13-bk-56520
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

- ☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Mark J Ter Haar**Case number (if known) **2:13-bk-56520**

6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	95.18
6b. Water, sewer, garbage collection	6b. \$	40.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	205.00
6d. Other. Specify: _____	6d. \$	0.00
7. Food and housekeeping supplies	7. \$	520.00
8. Childcare and children's education costs	8. \$	0.00
9. Clothing, laundry, and dry cleaning	9. \$	50.00
10. Personal care products and services	10. \$	50.00
11. Medical and dental expenses	11. \$	60.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	255.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	75.00
14. Charitable contributions and religious donations	14. \$	0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	85.96
15d. Other insurance. Specify: _____	15d. \$	0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$	0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify: Gym Membership	17c. \$	35.00
17d. Other. Specify: _____	17d. \$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$	0.00
19. Other payments you make to support others who do not live with you. Specify: _____	\$	0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
21. Other: Specify: _____	21. +\$	0.00
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$	1,471.14
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	1,471.14
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	3,176.14
23b. Copy your monthly expenses from line 22c above.	23b. -\$	1,471.14
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	1,705.00
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain here: No anticipated changes.		